

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90100 047 \*\*\*150.00

<b>DOCUMENT # M70282</b> 1. Entity Name HANSARD HOMES, INC.						
Principal Place of Business 27 S. ORCHARD ST STE B ORMOND BEACH, FL 32174			Mailing Address 27 S. ORCHARD ST STE B ORMOND BEACH, FL 32174			
2. Principal Place of Business 299 W. GRANADA BLVD Suite, Apt. #, etc. SUITE B		3. Mailing Address 299 W. GRANADA BLVD Suite, Apt. #, etc. SUITE B				
City & State ORMOND BEACH, FL		City & State ORMOND BEACH, FL		04272005 Chg-P CR2E034 (10/03)		
Zip 32174		Country USA		4. FEI Number 59-2876498		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent  HANSARD, WILLIAM C 27 S. ORCHARD AVE. SUITE B ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name <u>HANSARD, WILLIAM C.</u> Street Address (P.O. Box Number is Not Acceptable) <u>299 W. GRANADA BLVD, SUITE B</u> City <u>ORMOND BEACH</u> <u>FL</u> Zip Code <u>32174</u>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HANSARD, WILLIAM C 27 S. ORCHARD ST. STE B ORMOND BEACH, FL 32174		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	299 W. GRANADA BLVD. STE. B ORMOND BEACH, FL. 32174	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
<b>SIGNATURE:</b> <u>William C. Hansard</u> <u>William C. Hansard</u> <u>4-27-05</u> <u>386-676-0105</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						